

CASEFLOW REQUEST

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

CSFLREQ

**Instructions**

1. Fill out all sections and file with the court.
2. File at least **3 days** before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)

MIRLIS, ELIYAHU v. YESHIVA OF NEW HAVEN, INC.

Judicial District of

NEW HAVEN

Date of request

06/20/2019

Date of scheduled event (if applicable)

Name of Judge who scheduled the event (if applicable)

Docket number

NNH CV 17**- 6072389****(S)****Requested Action** ("X" box(es) that apply and give reason(s) for request below)

- ☐ Status Conference on or about: _____ Date _____
- ☐ Client/adjuster to be available by phone for _____ Event _____ scheduled on _____ Date _____
- ☐ Pretrial on or about _____ Date _____
- ☐ Party to be excused from _____ Event _____ scheduled on _____ Date _____
- ☒ Other: **Schedule evidentiary hearing**

Reason(s) for request:

The parties request that the Court schedule an evidentiary hearing regarding value on 8/20, 8/21, 8/22 or 8/23 per recommendation of the Court (Cordani, J.)

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **All Counsel and Self-represented Parties:**

- ☒ Consent ☐ Do not consent to the action requested above

Signed (Person making request)

/ s / John L. Cesaroni

Name of attorney and juris number or self-represented party (Print or type)

John L. Cesaroni - 069625

The person requesting the action is the:

- ☐ Plaintiff ☐ Defendant ☒ Attorney for Plaintiff ☐ Attorney for Defendant

Firm name (if applicable)

Zeisler & Zeisler, P.C.

Address

10 Middle St., 15th Floor, Bridgeport, CT 06604

Telephone number (with area code)

203-368-4234

I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to. **See attached**

Signed (Individual attorney or self-represented party)

/ s / John L. Cesaroni

Date

06/20/2019**Order**

Request is

- ☐ Granted ☐ Denied

Signed (Judge)

Date

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

I certify that a copy of the foregoing Caseflow Request was sent to all appearing parties and counsel of record as follows via electronic mail on June 20, 2019:

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